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FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in	full) (Check if name Example:If typin over the lines.	ng, type 12FE4M5
NiSource I	nc. PAC	
ADDRESS (number a	200 Civic Center Drive	
(Check if ac is changed)	Idress Columbus	OH 43215
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if is change		
3.7.7.3		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if is changed		
2. DATE 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFIC	CATION NUMBER C C00051979	
4. IS THIS STATEM	MENT NEW (N) OR X AMEN	DED (A)
I certify that I have e	xamined this Statement and to the best of my knowledge a	and belief it is true, correct and complete.
Type or Print Name	of Treasurer Timothy J. Tokish Jr.	
Signature of Treasure	Timothy J. Tokish Jr. [Electronica	ally Filed] Date 02 21 2012
NOTE: Submission of	false, erroneous, or incomplete information may subject the pers	
0#:		

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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